



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
28 Madison		0537 Sheridan Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
47	5	1	54	1.15	53	08/12/05	_____	_____
47	5	2	52	1.15	59	08/12/05	_____	_____
47	5	3	53	1.15	53	08/12/05	_____	_____
47	5	4	152	1.36	66	08/12/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>28 Madison</b>		<b>0538 Sheridan H S</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
53	5	1	54	1.15	53	08/12/05	_____	_____
53	5	2	52	1.15	59	08/12/05	_____	_____
53	5	3	53	1.15	53	08/12/05	_____	_____
53	5	4	152	1.36	66	08/12/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
28 Madison		0540 Twin Bridges K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	79	1.36	60	08/03/05	_____	_____
100	7	2	54	1.36	60	08/03/05	_____	_____
100	7	3	81	1.15	54	08/03/05	_____	_____
100	7	4	84	0.95	48	08/03/05	_____	_____
100	7	5	76	1.36	60	08/03/05	_____	_____



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Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
28 Madison		0543 Harrison K-12 Schools						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	23	1	104	0.95	16	None	_____	_____	
100	23	2	80	1.15	59	None	_____	_____	
100	23	3	33	1.15	59	None	_____	_____	



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>28 Madison</b>		<b>0546 Ennis K-12 Schools</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	52	1 Meadow Creek	136	1.15	54	08/17/05	_____	_____
100	52	2 V.C.	88	1.36	66	07/13/05	_____	_____
100	52	3 Varney	88	1.15	53	07/13/05	_____	_____
100	52	4 Jack Creek	95	0.95	48	07/13/05	_____	_____
100	52	5 Cameron	185	1.15	54	08/17/05	_____	_____